## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
L		Eff	fective Dece	ember 8	3, 200	i4			10)	57	13003		_
	_	CLAIMS A	AS FILED -					SMALL ENTITY TYPE		OTHER OR SMALL			
U.S	. NATIONAL	STAGE FEES	(Column	<u>a 1)</u>	<u> </u>	(Column 2)	-	RATE	FEE	1	RATE	T -	FEE
_	SIC FEE		SMALL ENT.	`. = \$ 150	LARC	GE ENT. = \$ 300	11	BASIC FEE	· -	OR		╂━	
EX.	AMINATION FE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		All other situations = \$100 / \$200		EXAM. FEE			EXAM. FEE	30	
SEA	ARCH FEE	•	U.S. is ISA = \$ ALL other cou \$ 200 / \$	\$ 50 / \$ 100 ountries =	All oth	ther situations = \$250 / \$500	1	SEARCH FEE			SEARCH FEE	30 50	00 00
FEE	FOR EXTRA S	SPEC. PGS.		nus 100 =		/ 50 =	1	X \$ 125 =		'	X \$ 250 =	1	عد
тот	TAL CHARGEAE	BLE CLAIMS	)3 mir	inus 20 =	*		1	X \$ 25 =		OR	X \$ 50 =	1	<u> </u>
INDI	EPENDENT CL	AIMS	<u> </u>	ninus 3 =	*		1 1	X \$ 100 =		OR	X \$ 200 =	<del>                                      </del>	<u> </u>
MUL	TIPLE DEPEN	IDENT CLAIM PRE	ESENT				1	+ \$ 180 =		OR	+ \$ 360 =	<del> </del>	+
* If	the difference	e in column 1 is l	less than zero	o, enter "(	0" in cc	olumn 2	į L	TOTAL		OR	TOTAL	<b>—</b>	<u> </u>
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						(Column 3)	. ,	SMALL E	NTITY	OR	OTHER THAN OR SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	IBER '	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DDI- DNAL EE
AMENDMENT	Total	*	Minus	**		=	, ]	X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	SENTATION OF M	AULTIPLE DEPI	ENDENT (	CLAIM		1.	+ \$ 180 =		OR	+ \$ 360 =		
•								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
i		(Column 1)		(Colu	2)	(Calumn 3)							
NT B		CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHE NUME PREVIO PAID F	IEST IBER OUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIOI	DDI- DNAL EE
AMENDMENT	Total		Minus	**		-		X \$ 25 =		OR	X \$ 50 =	1	
AMEN	Independent	*	Minus	***	. 1	= .		X \$ 100 =	i	OR	X \$ 200 =	<u> </u>	
	FIRST PRES	SENTATION OF MI	IULTIPLE DEPF	ENDENT (	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	ı —	
							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> </ul>													
•	The "Highest Nun	mber Previously Paid	For" (Total or Inde	ependent) is	s the high	est number found in	in the	appropriate box	in column 1.				